

SUPPORTING MEDICAL CERTIFICATE OF TRANS-SEXUAL SURGERY

Vital Statistics Act Section 27

	(PLEASE PRINT		hereby ce
1. That I am a physi	cian qualified and licenced	to practice medicine in	
(PROVINCE/STATE)		(COUNTRY)	
trans-sexual surg	ery, but who is qualified an	ed by a medical practitioner wh d licensed to practice medicin mbia, certified evidence of lice	e in the jurisdiction whe
2. That I medically e	xamined		
(GIVEN NAMES)		(SURNAME)	
on	(DATE)	and that the results of my	y examination substantia
the certificate of t	he practitioner who perforn	ned the trans-sexual surgery:	
Dr		dated	
3. The trans-sexual	surgery is complete by acc	eptable medical standards an	d
	(FULL	NAME OF PATIENT/CLIENT)	
should be recogn	ized as being of the	(MALE/FEMALE)	sex.
	Signature		
	BC MSP #		
	Address		
	Data		

The information on this form is collected for the purpose of registering Trans-sexual Surgery under the authority of Section 27 of the *Vital Statistics Act* and is subject to the privacy protection provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about collection and use of this information, please contact the Manager, Confidential Services, Vital Statistics Agency at 250-952-2681.